

CONTRACT #22
RFS # 318.66-052

**Department of Finance &
Administration
Bureau of TennCare**

VENDOR:
**AMERIGROUP Tennessee,
Inc.**

REQUEST: NON-COMPETITIVE AMENDMENT

RECEIVED

MAY 14 2007

FISCAL REVIEW

APPROVED

Commissioner of Finance & Administration

Date:

EACH REQUEST ITEM BELOW MUST BE DETAILED OR ADDRESSED AS REQUIRED.

1) RFS #	318.66-052	
2) State Agency Name	Department of Finance and Administration, Bureau of TennCare	
EXISTING CONTRACT INFORMATION		
3) Service Caption :	Provision of Physical and Behavioral Health Services to TennCare Enrollees in the Middle Tennessee Region	
4) Contractor :	AMERIGROUP Tennessee, Inc.	
5) Contract #	FA-07-16936-00	
6) Contract Start Date	August 15, 2006	
7) <u>Current</u> Contract End Date IF <u>all</u> Options to Extend the Contract are Exercised :	June 30, 2010	
8) <u>Current</u> Total Maximum Cost IF <u>all</u> Options to Extend the Contract are Exercised :	\$874,354,462.00	
PROPOSED AMENDMENT INFORMATION		
9) <u>Proposed</u> Amendment #	2	
10) <u>Proposed</u> Amendment Effective Date (attached explanation required if date is < 60 days after F&A receipt)	July 1, 2007	
11) <u>Proposed</u> Contract End Date IF <u>all</u> Options to Extend the Contract are Exercised :	June 30, 2010	
12) <u>Proposed</u> Total Maximum Cost IF <u>all</u> Options to Extend the Contract are Exercised :	\$874,354,462.00	
13) Approval Criteria : (select one)	<input checked="" type="checkbox"/> use of Non-Competitive Negotiation is in the best interest of the state <input type="checkbox"/> only one uniquely qualified service provider able to provide the service	
14) Description of the Proposed Amendment Effects & Any Additional Service :		
This amendment includes the following modifications: (1) Clarify National Provider Identification (NPI) requirements consistent with CMS requirements; (2) Revise language to be consistent with current policies for coordination with Department of Education, Project Teach and school based providers; (3) Clarify LEP provisions and Teen Newsletter requirements; (4) Modify reporting as it relates to PCP and emergency room visits; emergency department utilization, disease management and case management, nurse triage 24/7 line, and NCQA Reports; (5) Add language for consistency with NCQA requirements, and (6) Housekeeping revisions made for		

consistency throughout the agreement.

15) Explanation of Need for the Proposed Amendment :

The need for this amendment is to include and enforce language modifications as detailed in item #14 above.

16) Name & Address of Contractor's Current Principal Owner(s) :
(not required if proposed contractor is a state education institution)

Karen Bornhauser
President and CEO
AMERIGROUP
4200 West Cypress Street
Suite 900
Tampa, FL 33607

17) Documentation of Office for Information Resources Endorsement :
(required only if the subject service involves information technology)

select one:

☒ Documentation Not Applicable to this Request

☐

Documentation Attached to this Request

18) Documentation of Department of Personnel Endorsement :
(required only if the subject service involves training for state employees)

select one:

☒ Documentation Not Applicable to this Request

☐

Documentation Attached to this Request

19) Documentation of State Architect Endorsement :
(required only if the subject service involves construction or real property related services)

select one:

☒ Documentation Not Applicable to this Request

☐

Documentation Attached to this Request

20) Description of Procuring Agency Efforts to Identify Reasonable, Competitive, Procurement Alternatives :

This contract was competitively awarded in August, 2006. This amendment includes language not originally included in the RFP and the resulting contract, therefore it is considered a non-competitive amendment.

21) Justification for the Proposed Non-Competitive Amendment :

The Bureau of TennCare is currently modifying all of the MCO contracts to provide specific language changes for clarity and compliance with Fiscal Review as well as CMS. These MCO contracts provide necessary Health Care Services to the TennCare/Medicaid Population and TennCare would greatly appreciate approval of this amendment by the Commissioner of F&A.

REQUESTING AGENCY HEAD SIGNATURE & DATE :


(must be signed & dated by the ACTUAL procuring agency head as detailed on the Signature Certification on file with OCR—signature by an authorized signatory will be accepted only in documented exigent circumstances)

Agency Head Signature

Date

CONTRACT SUMMARY SHEET

021406

RFS#				Contract#			
318.66-052				FA-07-16936-02			
State/Agency				State Agency/Division			
Department of Finance and Administration				Bureau of TennCare			
Contractor Name				Contractor ID # (FEIN or SSN)			
AMERIGROUP Tennessee, Inc.				C- or <input checked="" type="checkbox"/> V- 204776597 00			
Service Description							
Provision of Physical and Behavioral Health Services to TennCare Enrollees in the Middle Tennessee Region							
Contract BEGIN Date		Contract END Date		Subrecipient or Vendor?		CFDA #	
August 15, 2006		June 30, 2010		subrecipient		93.778 Dept of Health and Human Services/Title XIX	
Mark Each TRUE Statement							
<input type="checkbox"/> Contractor is on STARS				<input type="checkbox"/> Contractor's Form W-9 is on file in Accounts			
Allotment Code		Cost Center		Object Code		Fund	
318.66		4M9		134		11	
Funding Grant Code		Funding Subgrant Code					
FY	State	Federal	Interdepartmental	Other	TOTAL Contract Amount		
2007	\$ 63,416,928.00	\$ 111,453,960.00			\$ 174,870,888.00		
2008	\$ 253,667,718.00	\$ 445,815,856.00			\$ 699,483,574.00		
2009					\$ -		
2010					\$ -		
					\$ -		
					\$ -		
TOTAL	\$ 317,084,646.00	\$ 557,269,816.00	\$ -	\$ -	\$ 874,354,462.00		
— COMPLETE FOR AMENDMENTS ONLY —				State Agency Fiscal Contact & Telephone #			
FY	Base Contract & Prior Amendments	THIS Amendment ONLY	Scott Pierce 507-6415				
2007	\$174,870,888.00	\$ -	State Agency Budget Officer Approval				
2008	\$699,483,574.00						
2009			Funding Certification (certification required by T.C.A. § 9-4-5113, that there is a balance in the appropriation from which the obligated expenditure is required to be paid that is not otherwise encumbered to pay obligations previously incurred)				
2010							
TOTAL	\$ 874,354,462.00	\$ -					
End Date							
June 30, 2010							
Contractor Ownership (complete only for base contracts with contract # prefix FA or GR)							
<input type="checkbox"/> African American		<input type="checkbox"/> Person w/ Disability		<input type="checkbox"/> Hispanic		<input type="checkbox"/> Small Business <input checked="" type="checkbox"/> NOT disadvantaged	
<input type="checkbox"/> Asian		<input type="checkbox"/> Female		<input type="checkbox"/> Native American		<input type="checkbox"/> OTHER minority/disadvantaged—	
Contractor Selection Method (complete for ALL base contracts — N/A to amendments or delegated authorities)							
<input checked="" type="checkbox"/> RFP		<input type="checkbox"/> Competitive Negotiation		<input type="checkbox"/> Alternative Competitive Method			
<input type="checkbox"/> Non-Competitive Negotiation		<input type="checkbox"/> Negotiation w/ Government (eg, ID, GG, GU)		<input type="checkbox"/> Other			
Procurement Process Summary (complete for Alternative Method, Competitive Negotiation, Non-Competitive Negotiation OR Other)							